



Higher Education Coordinating Board  
DISPLACED HOMEMAKER PROGRAM (DHP)  
2003-2005 Instructional Services INTAKE FORM

Class Start Date: \_\_/\_\_/\_\_  
DHP Quarter Student Enrolled: \_\_ (1-8)

Contractor: «ContractorNameNumber»

Client # «ClientNumber» \_\_ \_\_ \_\_  
SS#: \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

\*Note: Your social security number is confidential and, under the Family Educational Rights & Privacy Act will be protected from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for purposes of assessment or accountability research.

### I. General Information

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Highest level of education you have completed: <input type="checkbox"/> Less than 9 <sup>th</sup> grade <input type="checkbox"/> Some high school <input type="checkbox"/> GED <input type="checkbox"/> High School diploma <input type="checkbox"/> Some post high school <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other: _____	What is your county of residence: (ie: Mason, Thurston)												
Birth date: ____/____/____														
Are you of Hispanic origin?  <input type="checkbox"/> Yes <input type="checkbox"/> No	What do you consider your race to be?  <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, etc.) <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Some Other Race: _____	Marital Status (check only one)  <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married												
Do you have reliable transportation? (car, bus, etc.)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless?  <input type="checkbox"/> Yes <input type="checkbox"/> No													
How did you hear about this program? (check only one) <table border="0"><tr><td><input type="checkbox"/> Television</td><td><input type="checkbox"/> Former DHP Participant</td><td><input type="checkbox"/> Shelter</td><td><input type="checkbox"/> Social Worker</td></tr><tr><td><input type="checkbox"/> Radio</td><td><input type="checkbox"/> DHP Mailing</td><td><input type="checkbox"/> Lawyer</td><td><input type="checkbox"/> DSHS</td></tr><tr><td><input type="checkbox"/> Friend/Relative</td><td><input type="checkbox"/> College Publication</td><td><input type="checkbox"/> Counselor</td><td><input type="checkbox"/> Other: _____</td></tr></table>			<input type="checkbox"/> Television	<input type="checkbox"/> Former DHP Participant	<input type="checkbox"/> Shelter	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Radio	<input type="checkbox"/> DHP Mailing	<input type="checkbox"/> Lawyer	<input type="checkbox"/> DSHS	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> College Publication	<input type="checkbox"/> Counselor	<input type="checkbox"/> Other: _____
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### II. DHP Services

What services are you interested in receiving from the Displaced Homemaker Program?

1. <input type="checkbox"/> Job Counseling	7. <input type="checkbox"/> Peer Support
2. <input type="checkbox"/> Career/ Life Planning	8. <input type="checkbox"/> Self-Esteem Development
3. <input type="checkbox"/> Job Training/ Skill Development	9. <input type="checkbox"/> Educational & Training Placement
4. <input type="checkbox"/> Health Counseling	10. <input type="checkbox"/> Financial Management
5. <input type="checkbox"/> Legal Counseling	11. <input type="checkbox"/> Job Search
6. <input type="checkbox"/> Personal Counseling	12. <input type="checkbox"/> Other (please specify) _____

### III. Financial Information

Record the amount of money you receive per month from the following sources:

Net Income from your <b>current</b> employment:	\$
Net Income from your Self Employment:	\$
Temporary Assistance for Needy Families (TANF):	\$
Food Stamps:	\$
Child Support:	\$
Spousal Support/ Alimony:	\$
My own Social Security/ Pension:	\$
My own Disability Benefit (SSI or Military):	\$
My own Unemployment benefits:	\$
GAU:	\$
Other: _____:	\$

### IV. Employment Information

<p>Are you currently employed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If employed, are you: (check only one)</p> <p><input type="checkbox"/> Employed by employer(s)</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Employed by an employer <b>and</b> self-employed</p>		<p>Hours per week you are:</p> <p>Employed by employer(s): _____</p> <p>Self-employed: _____</p>	<p>Is your <b>primary</b> job: (check only one)</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Seasonal</p>												
<p>Do you receive any of the following benefits from your <b>primary</b> job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Health Insurance</li> <li>• Pension/Retirement Plan</li> <li>• Life Insurance</li> <li>• Disability Insurance</li> <li>• Annual/ Sick leave</li> </ul>	<p>What type of work do you perform at your <b>primary</b> job? (check only one)</p> <table border="0"> <tr> <td><input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.)</td> <td><input type="checkbox"/> Production/Assembly</td> </tr> <tr> <td><input type="checkbox"/> Clerical/ Secretarial</td> <td><input type="checkbox"/> Managerial/Administrative</td> </tr> <tr> <td><input type="checkbox"/> Residential Housekeeper</td> <td><input type="checkbox"/> Food Service (fast food, waiter, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Cashier/ Retail Sales</td> <td><input type="checkbox"/> Child Care (day care, preschool, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Education (K-12 teacher's asst., etc.)</td> </tr> <tr> <td><input type="checkbox"/> Transportation (bus driver, etc.)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Health Care (C.N.A./Caregiver, etc.)	<input type="checkbox"/> Production/Assembly	<input type="checkbox"/> Clerical/ Secretarial	<input type="checkbox"/> Managerial/Administrative	<input type="checkbox"/> Residential Housekeeper	<input type="checkbox"/> Food Service (fast food, waiter, etc.)	<input type="checkbox"/> Cashier/ Retail Sales	<input type="checkbox"/> Child Care (day care, preschool, etc.)	<input type="checkbox"/> Construction	<input type="checkbox"/> Education (K-12 teacher's asst., etc.)	<input type="checkbox"/> Transportation (bus driver, etc.)	<input type="checkbox"/> Other: _____
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## V. Eligibility Information

The DHP defines a homemaker as a person who has worked in the home providing unsalaried household services for family members on a full-time basis.

How many years have you been a Homemaker? \_\_\_\_\_

**To calculate your family size, record your answers to the following questions:**

How many children under age 18 (or still in high school), and related to you or your spouse or partner by birth, marriage, or adoption are <u>dependent on you</u> and living in your home?.....	_____
How many disabled or elderly individuals related to you or your spouse or partner, by birth marriage, or adoption are <u>dependent on you</u> and living in your home?.....	_____
Does your spouse, who is no longer able to support your family, live in your home? If so, add one:.....	_____
Does your partner, who is no longer able to support your family, live in your home? If so, add one:.....	_____
Does your spouse/partner, who supports you, live in your home? If so, add one:.....	_____
Count yourself:.....	1

*Add the numbers to calculate your family size:*

Check all that apply:

- ☐ I was supported by the income of a family member and I am no longer supported by that income. Why?  
\_\_\_\_\_
- ☐ I was dependent on federal assistance and I have lost that assistance.
- ☐ I am receiving public assistance or child support and my youngest child is between 16 and 18 years of age.
- ☐ I am currently supported by the income of a family member.

**RELEASE OF INFORMATION:** «ContractorNameNumber» may release to the HECB your name and samples of materials completed in the Displaced Homemaker Program Instructional Services for the purpose of program evaluation and statewide program assessment. Please check here **ONLY** if you do not wish this information to be released. NO \_\_\_\_ I do NOT authorize «ContractorNameNumber» to release my information for the purpose of evaluation and assessment.

**Staff use only:** ☐ Eligible ☐ Ineligible, but in similar circumstances

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**2003-2005 Instructional Services Client Intake Survey**

Contractor: «ContractorNameNumber»

Client #: «ClientNumber» \_ \_ \_

How much do you know about the following? Place a mark in the appropriate column to the right to indicate your answer.	Nothing	A Little	A Lot
Community resources and support systems			
How to juggle my family obligations with my employment, education and training needs			
Vocational careers			
The importance of math in the workplace			
Accessing my personal legal documents (i.e. birth certificate, SS card, divorce papers)			
Resources within the community to access free legal counseling and information			
Non-traditional career opportunities			
Current employment trends			
Where to find job search assistance			
Who the major employers are where I reside			
Appropriate questions to ask at a job interview			
Services available at my local WorkSource			
Appropriate work attire and work image			
Resources in the community to acquire a working wardrobe			
Workplace expectations			
Education and training opportunities			
Apprenticeship opportunities			
Resources in the community to access free health care			
Credit and debt management			

*I certify that, to the best of my knowledge, all information provided on this Intake Form is complete and accurate.*

Participant Signature

Date

Staff Signature

Date

Printed Name

Printed Name